

<i>SERFF Tracking Number:</i>	<i>MUTM-128284544</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>JOANNE NAJDZIN</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Personal Worksheet - M26681_1011</i>		
<i>Project Name/Number:</i>	<i>Personal Worksheet/ M26681_1011</i>		

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Personal Worksheet - M26681\_1011      SERFF Tr Num: MUTM-128284544 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved

State Tr Num:

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: JOANNE NAJDZIN

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Shelly Kaipust, Sofia Kuehn, Jan Serafini, Joanne Najdzin

Disposition Date: 04/25/2012

Date Submitted: 04/19/2012

Disposition Status: Approved

Implementation Date Requested:

Implementation Date: 04/25/2012

State Filing Description:

## General Information

Project Name: Personal Worksheet

Status of Filing in Domicile:

Project Number: M26681\_1011

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/25/2012

State Status Changed: 04/25/2012

Deemer Date:

Created By: Shelly Kaipust

Submitted By: Shelly Kaipust

Corresponding Filing Tracking Number:

Filing Description:

NAIC # 261-71412

Individual Long-Term Care Insurance

Personal Worksheet M26681\_1011

We are filing the attached long-term care personal worksheet for approval with your department.

This form is new and will be used with long-term care policy LTC09M[-AG, -5ML, -10ML]-AR. This form replaces personal worksheet M26681, which was approved by your department on April 9, 2009 under SERFF tracking MUTM-

SERFF Tracking Number: MUTM-128284544 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:  
Company Tracking Number: JOANNE NAJDZIN  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Personal Worksheet - M26681\_1011  
Project Name/Number: Personal Worksheet/ M26681\_1011

126014391. The only changes made are found in the Rate Increase History section of the worksheet due to a recent rate filing approved by your department.

Your review and approval of this submission will be greatly appreciated. Please contact me with any questions or concerns.

Sincerely,

Joanne Najdzin  
Senior Product and Advertising Compliance Analyst  
Corporate Compliance and Ethics Division  
Phone: 402-351-2471  
Fax: 402-351-5298  
Email: Joanne.Najdzin@mutualofomaha.com  
State Narrative:

## Company and Contact

### Filing Contact Information

Joanne Najdzin, Product & Advertising Compliance Analyst  
joanne.najdzin@mutualofomaha.com  
Mutual of Omaha 402-351-2471 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

### Filing Company Information

Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska  
Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance  
Omaha, NE 68175 Group Name: State ID Number:  
(402) 351-6910 ext. [Phone] FEIN Number: 47-0246511

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:

SERFF Tracking Number: MUTM-128284544 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:  
Company Tracking Number: JOANNE NAJDZIN  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Personal Worksheet - M26681\_1011  
Project Name/Number: Personal Worksheet/ M26681\_1011  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	04/19/2012	58152005

SERFF Tracking Number:	MUTM-128284544	State:	Arkansas
Filing Company:	Mutual of Omaha Insurance Company	State Tracking Number:	
Company Tracking Number:	JOANNE NAJDZIN		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Personal Worksheet - M26681_1011		
Project Name/Number:	Personal Worksheet/ M26681_1011		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	04/25/2012	04/25/2012
<b>Objection Letters and Response Letters</b>			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	04/23/2012	04/23/2012	Shelly Kaipust	04/24/2012	04/24/2012
Pending Industry Response	Donna Lambert	04/19/2012	04/19/2012	Shelly Kaipust	04/23/2012	04/23/2012

<i>SERFF Tracking Number:</i>	<i>MUTM-128284544</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>JOANNE NAJDZIN</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Personal Worksheet - M26681_1011</i>		
<i>Project Name/Number:</i>	<i>Personal Worksheet/ M26681_1011</i>		

## Disposition

Disposition Date: 04/25/2012

Implementation Date: 04/25/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-128284544</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>JOANNE NAJDZIN</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Personal Worksheet - M26681_1011</i>		
<i>Project Name/Number:</i>	<i>Personal Worksheet/ M26681_1011</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Supporting Document</b>	Outline of Coverage	Approved	Yes
<b>Supporting Document</b>	Memo of Variability	Approved	Yes
<b>Form</b>	Personal Worksheet	Approved	Yes

SERFF Tracking Number: MUTM-128284544 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:  
Company Tracking Number: JOANNE NAJDZIN  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Personal Worksheet - M26681\_1011  
Project Name/Number: Personal Worksheet/ M26681\_1011

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/23/2012  
Submitted Date 04/23/2012  
Respond By Date 05/23/2012  
Dear Joanne Najdzin,

### Objection 1

- Personal Worksheet, M26681\_1011 (Form)

Comment: In filing MUTA-128120599, the Rate/Rule Schedule tab shows that you received a 24% increase with an effective date of 9/1/2005. I don't see any increase for 2011. Would you please clarify this for me?

The recent rate increase approved in filing MUTA-128120599 had a target implementation date of May 1, 2012.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: MUTM-128284544 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:  
Company Tracking Number: JOANNE NAJDZIN  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Personal Worksheet - M26681\_1011  
Project Name/Number: Personal Worksheet/ M26681\_1011

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/24/2012  
Submitted Date 04/24/2012

Dear Donna Lambert,

### Comments:

Thank you for your review of this filing. We are responding to your objection letter dated April 23, 2012.

### Response 1

Comments: The personal worksheet shows a 24% increase for 2011 because we requested this increase nationwide.

In Arkansas, we originally filed the following rate increase under SERFF filing MUTA-127148682.

2011

15.0% - Non-Lifetime Benefit Periods  
30.0% - Lifetime Benefit Period  
(Overall Increase - 24.0%)

2012

0.0% - Non-Lifetime Benefit Periods  
11.5% - Lifetime Benefit Period  
(Overall Increase - 7.0%)

Your department disapproved this filing, but approved the compromise filed under SERFF filing MUTA-128120599.

2012

7.5% - Non-Lifetime Benefit Periods  
15.0% - Lifetime Benefit Period  
(Overall Increase - 11.2%)

### Related Objection 1

Applies To:

- Personal Worksheet, M26681\_1011 (Form)

Comment:

In filing MUTA-128120599, the Rate/Rule Schedule tab shows that you received a 24% increase with an effective date of 9/1/2005. I don't see any increase for 2011. Would you please clarify this for me?



<i>SERFF Tracking Number:</i>	<i>MUTM-128284544</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>JOANNE NAJDZIN</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Personal Worksheet - M26681_1011</i>		
<i>Project Name/Number:</i>	<i>Personal Worksheet/ M26681_1011</i>		

The recent rate increase approved in filing MUTA-128120599 had a target implementation date of May 1, 2012.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or concerns, please contact Joanne Najdzin at 402-351-2471 or [Joanne.Najdzin@mutualofomaha.com](mailto:Joanne.Najdzin@mutualofomaha.com).

Sincerely,  
Jan Serafini, Joanne Najdzin, Shelly Kaipust, Sofia Kuehn

SERFF Tracking Number: MUTM-128284544 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:  
Company Tracking Number: JOANNE NAJDZIN  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Personal Worksheet - M26681\_1011  
Project Name/Number: Personal Worksheet/ M26681\_1011

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/19/2012  
Submitted Date 04/19/2012  
Respond By Date 05/21/2012

Dear Joanne Najdzin,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Personal Worksheet, M26681\_1011 (Form)

Comment: Could you please give me the SERFF Tracking # of the recent rate increase approval shown on the form?  
Thank you.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: MUTM-128284544 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:  
Company Tracking Number: JOANNE NAJDZIN  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Personal Worksheet - M26681\_1011  
Project Name/Number: Personal Worksheet/ M26681\_1011

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/23/2012  
Submitted Date 04/23/2012

Dear Donna Lambert,

### Comments:

Thank you for your review of this filing. We are responding to your objection letter dated April 19, 2012.

### Response 1

Comments: The rate increase was approved by your department on April 12, 2012 under SERFF tracking MUTA-128120599.

### Related Objection 1

Applies To:

- Personal Worksheet, M26681\_1011 (Form)

Comment:

Could you please give me the SERFF Tracking # of the recent rate increase approval shown on the form? Thank you.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or concerns, please contact Joanne Najdzin at 402-351-2471 or Joanne.Najdzin@mutualofomaha.com.

Sincerely,

Jan Serafini, Joanne Najdzin, Shelly Kaipust, Sofia Kuehn

SERFF Tracking Number:	MUTM-128284544	State:	Arkansas
Filing Company:	Mutual of Omaha Insurance Company	State Tracking Number:	
Company Tracking Number:	JOANNE NAJDZIN		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Personal Worksheet - M26681_1011		
Project Name/Number:	Personal Worksheet/ M26681_1011		

## Form Schedule

Lead Form Number: M26681\_1011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	M26681_10	Other	Personal Worksheet	Initial			M26681_1011.pdf
04/25/2012	11						

# [PRODUCT NAME] LONG-TERM CARE INSURANCE

## *Personal Worksheet*

Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza, Omaha, Nebraska 68175

People buy long-term care insurance for many reasons. Some do not want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

### Premium Information

Policy Form Number(s) [LTC09M] Type of Policy: ☐ Guaranteed Renewable ☐ Noncancellable Single Premium]

Applicant A

The premium for the coverage you are considering will be \$\_\_\_\_\_ per month, or \$\_\_\_\_\_ per year [or a one-time single premium of \$\_\_\_\_\_]  
[If you selected the limited pay option of Flex To-Age-85<sup>SM</sup>, the premium for the coverage you are considering will be \$\_\_\_\_\_ per month, or \$\_\_\_\_\_ for the first year with premium increases occurring in each subsequent year.  
Refer to the policy illustration or policy schedule for details of the premium increases.]

Applicant B

The premium for the coverage you are considering will be \$\_\_\_\_\_ per month, or \$\_\_\_\_\_ per year [or a one-time single premium of \$\_\_\_\_\_]  
[If you selected the limited pay option of Flex To-Age-85<sup>SM</sup>, the premium for the coverage you are considering will be \$\_\_\_\_\_ per month, or \$\_\_\_\_\_ for the first year with premium increases occurring in each subsequent year.  
Refer to the policy illustration or policy schedule for details of the premium increases.]

### The Company's Right to Increase Premiums

The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state. Once your policy is paid up, the company cannot raise your rates.

### Rate Increase History

The company has sold long-term care insurance since [1987] and has sold this policy form since [2009]. The company has not raised its premium rates on this policy form, but has on similar policy forms. The following is a summary of the rate increases for comprehensive coverage that the company has sold.

<u>Policy Form*</u>	<u>Years Available for Purchase</u>	<u>Rate History</u>
[NH23/NH24	1987 - 1993	No Rate Increase
LTC1/LTM1	1992 - 1997	No Rate Increase
LT50/NH50	1997 - 2004	No Rate Increase
NHA/LTA/HCA	1998 - 2004	28% overall rate increase 2003-2007
LT50/NH50/NHA/LTA/HCA	1997 - 2004	24% overall rate increase 2011
LTC04	2004 - Present	No Rate Increase
LTC04I7	2006 - 2009	No Rate Increase
LTC09M	2009 - Present	No Rate Increase]

The rate increases listed above represent the overall comprehensive rate increases filed nationally. The availability, rate increase amounts, and dates of approvals vary by state.

\*Or state equivalent.

M26681\_1011

**SUBMIT TO LTC SERVICE OFFICE**

## Questions Related to Your Income

### Applicant A

1. How will you pay each year's premium? (Check one)  
☐ From my Income  
☐ From my Savings/Investments  
☐ My Family will Pay
2. Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%? [This is not applicable to single premium.]
3. What is your annual income? (Check one)  
☐ Under [\$16,000]  
☐ [\$16,000] and over
4. How do you expect your income to change over the next 10 years? (Check one)  
☐ No Change    ☐ Increase    ☐ Decrease

### Applicant B

1. How will you pay each year's premium? (Check one)  
☐ From my Income  
☐ From my Savings/Investments  
☐ My Family will Pay
2. Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%? [This is not applicable to single premium.]
3. What is your annual income? (Check one)  
☐ Under [\$16,000]  
☐ [\$16,000] and over
4. How do you expect your income to change over the next 10 years? (Check one)  
☐ No Change    ☐ Increase    ☐ Decrease

*If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.*

5. Will you buy inflation protection? (Check one)  
☐ Yes    ☐ No  
If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (Check one)  
☐ From my Income  
☐ From my Savings/Investments  
☐ My Family will Pay

5. Will you buy inflation protection? (Check one)  
☐ Yes    ☐ No  
If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (Check one)  
☐ From my Income  
☐ From my Savings/Investments  
☐ My Family will Pay

*The national average annual cost [for a private room in a nursing home][of nursing home care] in [2010] was [\$87,729], but this figure varies across the country. In ten years the national average annual cost [for a private room in a nursing home] would be about [\$142,900] if costs increase 5% annually.*

6. What elimination period are you considering?  
Number of days \_\_\_\_\_  
Approximate cost \$\_\_\_\_\_ for that period of care.

6. What elimination period are you considering?  
Number of days \_\_\_\_\_  
Approximate cost \$\_\_\_\_\_ for that period of care.

*[Multiply the number of days with daily average for approximate cost of care.] [Reference cost of care sheet for state averages.]*

7. How are you planning to pay for your care during the elimination period? (Check one)  
☐ From my Income  
☐ From my Savings/Investments  
☐ My Family will Pay

7. How are you planning to pay for your care during the elimination period? (Check one)  
☐ From my Income  
☐ From my Savings/Investments  
☐ My Family will Pay

## Questions Related to Your Savings and Investments

### Applicant A

1. Not counting your home, about how much are all your assets (your savings and investments) worth? (Check one)  
☐ Under [\$50,000]  
☐ [\$50,000] and over
2. How do you expect your assets to change over the next 10 years? (Check one)  
☐ Stay about the same    ☐ Increase    ☐ Decrease

### Applicant B

1. Not counting your home, about how much are all your assets (your savings and investments) worth? (Check one)  
☐ Under [\$50,000]  
☐ [\$50,000] and over
2. How do you expect your assets to change over the next 10 years? (Check one)  
☐ Stay about the same    ☐ Increase    ☐ Decrease

*If you are buying this policy to protect your assets and your assets, not counting your home, are less than [\$50,000], you may wish to consider other options for financing your long-term care.*

## Disclosure Statement

Applicant A

(must check one)

☐ The answers to the questions on this Personal Worksheet describe my financial situation.

OR

☐ I choose not to complete this information.  
[You may be contacted by a company representative to confirm your decision.]

Applicant B

(must check one)

☐ The answers to the questions on this Personal Worksheet describe my financial situation.

OR

☐ I choose not to complete this information.  
[You may be contacted by a company representative to confirm your decision.]

Applicant A

☐ ◀ **THIS BOX MUST BE CHECKED**

I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.



X

Signature of Applicant A

Date

Applicant B

☐ ◀ **THIS BOX MUST BE CHECKED**

I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.



X

Signature of Applicant B

Date

I explained to the applicant(s) the importance of completing this information.

Printed Name of Producer



X

Signature of Producer

Date

## Authorization to Proceed when Income less than [\$16,000] or Assets less than [\$50,000]

Applicant A

My producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.



X

Signature of Applicant A

Date

Applicant B

My producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.



X

Signature of Applicant B

Date

SERFF Tracking Number:	MUTM-128284544	State:	Arkansas
Filing Company:	Mutual of Omaha Insurance Company	State Tracking Number:	
Company Tracking Number:	JOANNE NAJDZIN		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Personal Worksheet - M26681_1011		
Project Name/Number:	Personal Worksheet/ M26681_1011		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved	04/25/2012
<b>Comments:</b>		
<b>Attachment:</b> AR Read Cert.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved	04/25/2012
<b>Bypass Reason:</b> Not applicable for this LTC Personal Worksheet filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved	04/25/2012
<b>Bypass Reason:</b> Not applicable for this LTC Personal Worksheet filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage	Approved	04/25/2012
<b>Bypass Reason:</b> Not applicable for this LTC Personal Worksheet filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Memo of Variability	Approved	04/25/2012
<b>Comments:</b>		
<b>Attachment:</b> Mutual Memo of Variability.pdf		

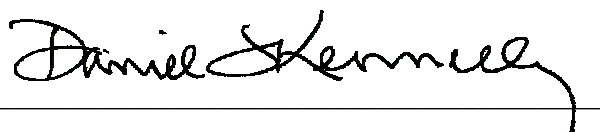


**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
M26681_1011	LTC Insurance Personal Worksheet	60.2

Date: April 19, 2012



Daniel J. Kennelly  
Vice President , Chief Compliance and Ethics Officer

**Memorandum of Variability**  
**Explanation of Variable Statements and Fields**  
**For Mutual of Omaha Insurance Company**  
**LTCi Personal Worksheet M26681\_1011**  
**Rate Increase History Section Only**

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
[1987]	This is the date long-term care insurance has been sold by the company.
[2009]	This is the date this policy form has been sold by the company.
Rate Increase History <ul style="list-style-type: none"><li>• [Policy Form</li><li>• Years Available for Purchase</li><li>• Rate History]</li></ul>	This is the company's rate increase history.